

**TOWNSEND and TOWNSEND and CREW LLP**

Two Embarcadero Center, 8<sup>th</sup> Floor  
San Francisco, California 94111-3834  
(415) 576-0200

In re application of: SCHENK, Dale B.

Application No.: 09/322,289

Filed: May 28, 1999

Group Art Unit: 1647

For: PREVENTION AND TREATMENT OF  
AMYLOIDOGENIC DISEASE

**THE ASSISTANT COMMISSIONER FOR PATENTS**  
Washington, D.C. 20231

Attorney Docket No. 15270J-004740USDate: December 13, 2000

I hereby certify that this is being deposited with the United States  
Postal Service as first class mail in an envelope addressed to:

Assistant Commissioner for Patents  
Washington, D.C. 20231

Signed: Joe Liebeschuetz

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TECH CENTER 1600/2500

Sir:

Transmitted herewith is a Response to Restriction Requirement in the above-identified application.

- ☒ Enclosed is a petition to extend time to respond.  
☒ Communication under 37 CFR §§1.821-1.825 and attached Sequence Listing  
☒ Computer readable copy of Sequence Listing

If any extension of time is needed, then this response should be considered a petition therefor.  
The filing fee has been calculated as shown below:

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(Col. 1)

(Col. 2)

(Col. 3)

SMALL ENTITY

OTHER THAN  
SMALL ENTITY

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	* 35	MINUS	** 55	= 0
INDEP.	* 1	MINUS	*** 4	= 0
[ ] FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

RATE	ADDIT. FEE
x \$9.00 =	
x \$40.00 =	
+ \$135.00 =	
TOTAL ADDIT. FEE	

OR

RATE	ADDIT. FEE
x \$18.00 =	\$0.00
x \$80.00 =	\$0.00
+ \$270.00 =	
TOTAL	\$0.00

OR

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.  
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, then write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

[ X ] No fee is due.

Please charge Deposit Account No. 20-1430 as follows:

[ ] Claims fee

[ X ] Any additional fees associated with this paper or during the pendency of this application.

NO extra copies of this sheet are enclosed.

Customer No. 20350

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